U.S. Potont and Tredoment Cities; U.S. DEPARTMENT OF COXOMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004										Application or Descript Number		
9/21/05 APPLICATION AS FILED - PART I (Column 2)								SMALL (	ENTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	MUA	MBER FILED NUME			ER EXTRA	.]	RATE (8)	FEE (6)	]	RATE (8)	FEE (8)
	SIC FEE CFR 1 18(0), (b), @	(c))	N/A	·. ·		NA		NA	150.00		· N/A	300.00
	ARCH FEE CFR.1 1804, M. or I	(wģ).	NA	.		N/A	7	N/A ·	<b>\$250</b>	1 ::	N/A	<b>\$500</b>
EX	AMINATION FEE CFR 1 18(0). (0), or		N/A			N/A :		NA	\$100 .		N/A	8200
	TAL CLARAS CFR ! 16(1))	17	f minus	20 -			XS 25 .		OR	X\$50 .	; · · · · ) ·	
	EPENDENT CL/ CFR 1 16(h))	ums 2	2 minus 3 =					X100 .	•	1.	ж200 .	400
FEE	PLICATION SIZE CFR 1 16(s))	sheets is \$250 addition	If the apacification and drawings sheets of paper, the application is \$250 (\$125 for small entity) for additional 50 sheets or fraction (35 U.S.C. 41(a)(1)(G) and 37 C.			ize fee due each ereof. See			:			/
MU	LTIPLE DEPEND	(D)		+180=			<b>♦360</b> °					
•- IA (	lhe difference in a	column 1 is less t	ņan zero, e	nter "O" in	column	:	TOTAL			TOTAL	135 31	
APPLICATION AS AMENDED — PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY  (Column 1) (Column 2) (Column 3) SMALL ENTITY												
AMENDMENT'A		CLAMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		FATE (S)	ADDI- TIONAL FEE (\$)		RATE (8)	ADDI- TIONAL FEE (8)
	Total car cra 1.18(1)	•	Minus	•••	•	•		XS 25 _		OR ·	X\$50 .	
	Independent (DT CFR 1.100(p)		Minus	***	• • •	•		X100 _	•	OR	)(200 <u> </u>	
. S	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16@)							+180=		OR	+360=	·
· .••	•				•,			TOTAL : ADD'L FEE.		OR	TOTAL ADO'L FEE	
•	(Column-1)		 	(Column 2) (Column 3				· · ·	<u> </u>			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NÚM PREVI PAID	BER DUSLY	PRESENT EXTRA		RATE (5):	ADOI- TIONAL FEE (8)		RATE (\$)	ADDI- TIONAL FEE (8)
	Total profit Lieus;		Minus	••	:	<u>=</u>		X\$ 25 .	•	OR	X\$50 -	
	Independent (37 CFR 1.190.D)	•	Minus	***	. •	•		X100 .		OR	)(200	
	Application Size Fee (37 CFR 1.16(s))										.,	
	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1.180)							+180=	· .	OR	+360=	
:	•							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
of the entry in column 1 is less than the entry in column 2; write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3":												

The Tighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This obsection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form anti/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petendent Tredemark Office; U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.